

CA PCIP Transition of Subscribers to the Federal PCIP

Call Center Scripts to MAXIMUS

Effective 5/20/13

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CSRs will utilize the following general scripts below for Inbound and Outbound Calls relating to eligibility, enrollment, financial, refund, and benefits questions.

INBOUND CALLS: Eligibility & Enrollment Related Questions

Question:

Why is California no longer operating the state's PCIP program starting on July 1, 2013?

<Insert greeting and call verification>

Beginning July 1, 2013, California will no longer operate the PCIP program for the federal government. The federal government will operate the program instead.

California PCIP will transition PCIP subscribers from the California PCIP to the Federal PCIP program on June 30, 2013. To continue your health coverage after June 30, 2013, you will need to activate a new PCIP benefit plan through the federally-run PCIP before July 1, 2013 by sending in your premium payment.

<Insert inbound closure>

Question:

I received the notice about PCIP Notice of Transition, what is this change about?

<Insert greeting and call verification>

The PCIP Notice of Transition letter is to let you know that starting July 1, 2013, California will no longer operate the PCIP program for the federal government. The federal government will operate the program instead.

California PCIP will transition PCIP subscribers from the California PCIP to the Federal PCIP program on June 30, 2013. To continue your health coverage after June 30, 2013, you will need to activate a new PCIP benefit plan through the federally-run PCIP before July 1, 2013 by sending in your premium payment.

In mid-June, the National Finance Center, the enrollment administrator for the federally-run PCIP, will send you an Enrollment Letter with information about the federally-run PCIP plan, how much it costs, and how to activate your coverage. You will not need to complete a new application to qualify for the federally-run PCIP.

<Insert inbound closure>

Question:

What is the Enrollment Letter?

<Insert greeting and call verification>

The Enrollment Letter is from the National Finance Center with information about the federally-run PCIP plan, how much it costs, and how to activate your coverage. You will not need to complete a new application to qualify for the federally-run PCIP.

It is important to pay your first month's premium to maintain your health

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coverage. If you choose to do that, you will be a member of the federally-run PCIP program. You'll be enrolled in the Transition Plan and have a new benefits administrator.

For more information about the Enrollment Letter, you can go to: www.pciplan.com, or call 1-800-220-7898 Monday through Friday, 5 a.m. to 3:30 p.m., Pacific Time.

<Insert inbound closure>

Question:

Why am I being disenrolled from (CA) PCIP?

<Insert greeting and call verification>

CA PCIP is administered by the Managed Risk Medical Insurance Board (MRMIB) as a contractor to the federal Department of Health and Human Services. Beginning July 1, 2013, California will no longer operate this federal program and subscribers will be transitioned to the federally-run program. This transition will help ensure that funds are available for existing PCIP subscribers.

<Insert inbound closure>

Question:

What if I don't want to be transitioned to the Federal PCIP – do I have other options?

<Insert greeting and call verification>

MRMIP, the California state high risk pool is still open for new enrollment and available for individuals with a pre-existing condition. The PCIP/MRMIP application is for both programs. For information about MRMIP, you may go to: www.mrmib.ca.gov and click on the Major Risk Medical Insurance Program tab, or, call 1-800-289-6574, Monday through Friday, 8:30am to 7pm. The call is toll free.

If you don't want MRMIP and you want to keep your PCIP coverage the federally-run PCIP is the only option.

<Insert inbound closure>

Question:

If I am transitioned to the Federal PCIP will my coverage and premiums remain the same or change?

<Insert greeting and call verification>

The Federal PCIP program's National Finance Center will mail you information about your coverage and monthly premium. For information about covered services, you can go to: www.pciplan.com. Or you can call the National Finance Center at 1-866-717-5826, Monday through Friday, 5 a.m. to 8 p.m., Pacific Time. TTY users should call 1-866-561-1604.

<Insert inbound closure>

Question:

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Can you tell me more about the regulation that CMS issued Friday May 17th related to the PCIP Program?

<Insert greeting and call verification>

On Friday, May 17, 2013, CMS issued an interim final rule with comment period that sets the payment rates for covered services furnished to individuals enrolled in the Pre-Existing Condition Insurance Plan (PCIP) program administered directly by HHS (the federally-administered PCIP) beginning with covered services furnished on June 15, 2013. This interim final rule also prohibits facilities and providers who, with respect to dates of service beginning on June 15, 2013, accept payment for most covered services furnished to an enrollee in the federally-administered PCIP from charging the enrollee an amount greater than the enrollee's out-of-pocket cost for the covered service as calculated by the plan. The rule is available for download here:

<https://www.federalregister.gov/articles/2013/05/22/2013-12145/pre-existing-condition-insurance-plan-program>.

Enrollees in the federally-administered PCIP may continue to receive care for covered services from any willing provider or facility of their choice. The few exceptions are for prescription drugs, durable medical equipment, and organ and tissue transplants. For those services, the federally-administered PCIPs current network will not change. Enrollees receiving dialysis may continue to see the provider or facility of their choice but the federally-administered PCIP will pay for those covered services using its current reimbursement rate. Deductibles or coinsurances amounts will be applied like they did before, no matter what facilities or providers enrollee's use for services. Also, claims will be applied to the out-of-pocket maximum, regardless of where an enrollee receives care.

<Insert inbound closure>

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INBOUND CALLS: **Financial/Refund Related Questions**

Question:

When I transfer to Federal PCIP, will the California AIDS Drug Assistance Program (ADAP) through the Office of AIDS continue to pay for my monthly PCIP premium?

<Insert greeting and call verification>

The federally-run PCIP program accepts third party payments. California is currently in discussion with the federally-run PCIP program to see how the premium payment process for third party payments will function. Once the process has been finalized, the information will be sent to each subscriber.

<Insert inbound closure>

Question:

Why is my Billing Statement for July 2013 Coverage showing a \$0.00 premium amount due?

<Insert greeting and call verification>

California PCIP coverage ends on June 30, 2013. To continue your health coverage after June 30, 2013, you will need to activate a new PCIP benefit plan through the federally-run PCIP before July 1, 2013 by sending in your premium payment. Therefore, you do not owe any premium to the California PCIP program for July 2013.

<Insert inbound closure>

Question:

I submitted an initial payment with my application, how will I get my refund?

<Insert greeting and call verification>

Once your initial payment has been verified, a refund will be processed. The refund check will be sent to the mailing address indicated on the application. Please allow time for the refund to be processed. All refunds will be processed within 3 weeks of verification.

<Insert inbound closure>

Question:

I have a credit balance on my account, how will I get my refund?

<Insert greeting and call verification>

After the balance on your account has been verified, a refund will be processed. It will be sent to your mailing address on file. Please allow time for the refund to be processed. All refunds will be processed within 3 weeks of verification.

<Insert inbound closure>

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INBOUND CALLS: **Benefits Related Questions**

Question:

Can you tell me if my provider is in the new network?

<Insert greeting and call verification>

Generally, you may obtain services from any provider willing to accept Medicare level rates in the federal PCIP program. For covered services for DME and tissue or organ transplant, you must use current federally-run PCIP network providers. Please call the federal PCIP program customer service department at 1-800-220-7898 (5 a.m. to 3:30 p.m. Pacific Time, Monday through Friday) for assistance.

<Insert inbound closure>

Question:

Will my benefits or coverage be the same?

<Insert greeting and call verification>

There are some differences in benefits and coverage in the federal PCIP program. If you have specific questions regarding coverage and cost sharing, you can call the federal PCIP program customer service department at 1-800-220-7898 (5 a.m. to 3:30 p.m. Pacific Time, Monday through Friday) for assistance.

The federal PCIP program will be mailing all subscribers a benefits and cost sharing summary. In addition, the website for the federal PCIP program also provides benefits related information and allows you to download a copy of the plan document. The website address is www.pciplan.com, look under the tab titled "plan materials".

<Insert inbound closure>

Question:

I have a procedure scheduled, what happens?

<Insert greeting and call verification>

All CA PCIP subscribers will be mailed guidance about the transition of care. If you are in the course of treatment or have a procedure scheduled, it is critical that you follow required pre-authorization of benefits procedures even if you were already authorized by CA PCIP. For assistance, please call the federal PCIP program at 1-800-220-7898 (5 a.m. to 3:30 p.m. Pacific Time, Monday through Friday). There is also additional information on prior authorization requirements on the federal website at www.pciplan.com.

<Insert inbound closure>

Question:

I received the PCIP Enrollment Letter for Transitioned Enrollees. What do I need to do to get services authorized?

<Insert greeting and call verification>

Included with your enrollment letter was a benefit transition summary that explains what

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you need to do to receive authorization for certain kinds of services under the federal PCIP program.

If you are currently receiving or planning to receive any of the services in the benefit transition summary after July 1st, please ask your provider to pre-authorize those services, following the instructions in the summary. Pre-authorizations will be accepted beginning June 17th.

For additional questions regarding treatments and services that require pre-authorization under the federal PCIP program, please call customer service at 1-800-220-7898, or if you would like to hold, I can transfer you to that number. <Do a warm transfer to 1-800-220-7898>

If you need authorization for services that will be provided before July 1st, I can transfer you for assistance. <Do a warm transfer to CompCare>

<Insert inbound closure>

Question:

I'm currently receiving XXX services. How do I ensure that I will continue to get these services?

<Insert greeting and call verification>

Included with your enrollment letter was a benefit transition summary that explains what you need to do to receive authorization for certain kinds of services under the federal PCIP program. In order to prevent delays or disruption in your care, if your treatment is in progress and will not be completed by July 1st, please ask your provider to contact the federal PCIP program at 1-800-220-7898 or follow the instructions in your benefit transition summary for pre-authorization. Pre-authorizations will be accepted beginning June 17th.

For additional questions regarding treatments and services that require pre-authorization under the federal PCIP program, please call customer service at 1-800-220-7898, or if you would like to hold, I can transfer you to that number. <Do a warm transfer to 1-800-220-7898>

<Insert inbound closure>

Question:

I am already receiving XXX services and my authorizations are already in place. Do I have to get re-authorization from my provider?

<Insert greeting and call verification>

If your treatment is in progress and will not be completed by July 1st, your provider may be required to get authorization again, depending on the services. The federal PCIP program will work with you and your providers to make your transition as smooth as possible.

Please ask your provider to follow the instructions in the benefit transition summary that you received with your enrollment letter. Pre-authorizations will be accepted beginning June 17th.

For additional questions regarding treatments and services that require pre-authorization under the federal PCIP program, please call customer service at 1-800-220-7898, or if you

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would like to hold, I can transfer you to that number. <Do a warm transfer to 1-800-220-7898>

<Insert inbound closure>

Question:

I already have a treatment plan in process. Will my treatment plan change?

<Insert greeting and call verification>

The federal PCIP program will evaluate your case and they will work with you and your providers to make your transition as smooth as possible. Included with your enrollment letter was a benefit transition summary that explains what you need to do to receive authorization for certain kinds of services under the federal PCIP program. Beginning June 17th, a team of nurses and specialists will be available to help you or your provider in getting approval for any services that require preauthorization for services that you will be receiving after July 1st

Please ask your provider to follow the instructions in the benefit transition summary. Your request will take 3-5 business days for completion.

For additional questions regarding treatments and services that require pre-authorization under the federal PCIP program, please call customer service at 1-800 220-7898, or if you would like to hold, I can transfer you to that number. <Do a warm transfer to 1-800-220-7898>

<Insert inbound closure>

Question:

I would like to get preauthorization for XXX service after June 30th. Who should I call?

<Insert greeting and call verification>

Included with your enrollment letter was a benefit transition summary that explains what you need to do to receive authorization for certain kinds of services under the federal PCIP program. Beginning June 17th, a team of nurses and specialists will be available to help you or your provider in getting approval for any services that require preauthorization for services that you will be receiving after July 1st.

Please ask your provider to follow the instructions in the benefit transition summary. Your request will take 3-5 business days for completion.

For additional questions regarding treatments and services that require pre-authorization under the federal PCIP program, please call customer service at 1-800 220-7898, or if you would like to hold, I can transfer you to that number. <Do a warm transfer to 1-800-220-7898>

<Insert inbound closure>

Question:

How do I ensure that I will not have unexpected out-of-pocket expenses?

<Insert greeting and call verification>

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It is important that you follow required pre-authorization of benefits procedures for hospitalization, durable medical equipment or supplies, transplants, skilled nursing, long-term acute care or rehabilitation facility admission, spinal fusion surgery, or cancer treatment plans anticipated to occur on or after July 1, 2013.

Included with your enrollment letter was a benefit transition summary that explains what you need to do to receive authorization for certain kinds of services under the federal PCIP program.

For additional questions regarding treatments and services that require pre-authorization under the federal PCIP program, please call customer service at 1-800-220-7898, or if you would like to hold, I can transfer you to that number. <Do a warm transfer to 1-800-220-7898>

<Insert inbound closure>

Question:

I am a health care provider and my patient will transition (or has transitioned) to the federally-administered PCIP July 1, 2013. What is the process to submit a claim for services provided on or after July 1, 2013 in the federally-administered PCIP?

<Insert greeting and call verification>

To submit a claim, please call the PCIP Administrator at 1-800-220-7898. Calls are answered from 8 a.m. to 6:30 p.m. Eastern Standard Time, Monday through Friday.

Submit all medical claims to:

EDI Submitter # 39026

PCIP

P.O. Box 30783

Salt Lake City, UT 84130-0783

Submit Transplant/DME/Dialysis claims to:

EDI Submitter # 57254

PCIP

P.O. Box 300

Independence, MO 64051-0300

<Insert inbound closure>

Question:

What providers are in the network for the federally-run PCIP?

<Insert greeting and call verification>

As of June 15, 2013, PCIP will reimburse providers and facilities at 100% of the Medicare rate for most covered services. As a result, you are free to see any provider or specialist, and visit any facility of your choice, as long as that provider or facility agrees to accept the new PCIP reimbursement rate.

There is still a network of providers for Durable Medical Equipment (DME), prescription drugs, and organ and tissue transplants. To find a network provider for these covered services, you may call PCIP Customer Service at 1-800-220-7898. Calls are answered from 7 a.m. to 5:30 p.m. Central Time, Monday through Friday. Or go to www.pciplan.com and

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select the "Providers" tab.

<Insert inbound closure>

Question:

My current provider has never heard of PCIP and may not accept my new PCIP ID as proof of insurance. What do I do?

<Insert greeting and call verification>

Most of the state-based PCIP programs marketed their program locally under another name. Also, the benefits administrator for your state-based program that your provider billed for your care may not have referenced the PCIP program by name. It's possible that your provider has never heard of PCIP—and that's what is printed on your new ID card, now that your coverage is under the federally-run program. Here are some basic facts you can share with your provider's front office:

- The PCIP program is in every state and D.C., and is funded by the Federal government.
- PCIP in California was called "California PCIP." And administered by MRMIB. The MRMIB is no longer operating PCIP, so now I'm covered under the federally-run PCIP.
- I have the Transition Plan and a new PCIP ID card. The card used to list HNAS as the benefits administrator, now it lists the phone number for the benefits administrator for the federally-run PCIP. Please call them directly to verify my insurance coverage. The Customer Services number is (800) 220-7898.

<Insert inbound closure>

Question:

My provider wants to know more about PCIP before agreeing to cover the cost of my care. Where can I direct him/her?

<Insert greeting and call verification>

- The website for the federally-run PCIP is www.pciplan.com.
- There's a page for health care providers and information about claims reimbursement, pre-certification of services, Frequently Asked Questions for providers, and more.
- The Plan Materials page has a link to the Benefits Plan Summary flyer for my new plan, the Transition Plan.
- If you have specific questions as a provider, please call Customer Service at (800) 220-7898, from 7 a.m. to 5:30 p.m. Central time, Monday through Friday.

<Insert inbound closure>

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OUTBOUND CALLS: **Eligibility & Enrollment Application Screening**

Scenario:

CA PCIP Transition of Subscribers to Federal PCIP - Applicant selected PCIP only or both boxes are blank.

<Insert greeting and call verification>

We recently received and reviewed your application for the PCIP program. Following the federal direction on February 15, 2013, PCIP no longer accepts new enrollments in the program for applications received after March 2, 2013.

Also, starting on July 1, 2013, California will no longer operate the PCIP federal program. This means, the federal government will operate the PCIP program for current California subscribers.

However, the Major Risk Medical Insurance Program (MRMIP), the California state high risk pool, is still open for new enrollments and available for individuals with a pre-existing condition. If you are interested, we can screen your application for MRMIP eligibility. Are you interested in being screened for MRMIP?

- **Yes** – I will submit a work request indicating you would like to be screened for MRMIP.
<Indicate all needed missing information>
 1. Collect MRMIP program preference over the phone.
 2. If Health Plan Selection is missing, provide information on available plans in applicant's area and the premium amount. Also, inform applicant you are able to obtain the plan selection over the phone.
 3. Inform applicant of the additional Missing Information that cannot be taken over the phone (i.e. premium payment, denial/offer letter etc.)
 4. Submit a work request to Eligibility to inform applicant Opted IN for MRMIP.
- **No** – I will submit a work request indicating you would **not** like to be screened for MRMIP. We will **not** forward your application to the MRMIP per your direction. Instead, we will send you a letter to inform you about the PCIP enrollment suspension and confirmation that you did not want your application to be screened and forwarded to the MRMIP. Also, if you submitted an initial premium payment with your application, we will process a refund to you once it clears the bank. We will send the refund check to the mailing address indicated on your application. This process can take up to 8 weeks.

<Insert inbound/outbound closure>